



Department of Defense DIRECTIVE

March 11, 1986
NUMBER 1010.10

SUBJECT : Health Promotion

ASD (HA)

- References:
- (a) DoD Instruction 6015.18, "Smoking in DoD Occupied Buildings and Facilities," August 10, 1977 (hereby canceled)
 - (b) DoD Instruction 1010.5, "Education and Training in Alcohol and Drug Abuse Prevention," December 5, 1980
 - (c) DoD Directive 1308.1, "Physical Fitness and Weight Control Program, " June 29, 1981.
 - (d) Secretary of Defense Memorandum, "Employee Fitness, " June 9, 1983
 - (e) DoD Directive 1010.4, "Alcohol and Drug Abuse by DoD Personnel, " August 25, 1980
 - (f) DoD Instruction 1010.6, "Rehabilitation and Referral Services for Alcohol and Drug Abusers, " March 13, 1985

A. PURPOSE

1. This Directive establishes a health promotion policy within the Department of Defense to improve and maintain military readiness and the quality of life of DoD personnel and other beneficiaries .

2. This Directive replaces reference (a) and establishes policy on smoking in DoD occupied buildings and facilities.

B. APPLICABILITY AND SCOPE

1. This Directive applies to the Office of the Secretary of Defense (OSD), the Military Departments, and the Defense Agencies.

2. It is directed to all military personnel and retirees, their families, and, where specified, to civilian employees.

C. DEFINITIONS

1. Health Promotion. Any combination of health education and related organizational, social, economic or health care interventions designed to facilitate behavioral and environmental alterations that will improve or protect health. It includes those activities intended to support and influence individuals in managing their own health through lifestyle decisions and self-care. Operationally, health promotion includes smoking prevention and cessation, physical fitness, nutrition, stress management, alcohol and drug abuse prevention, and early identification of hypertension.

2. Lifestyle. The aggregated habits and behaviors of individuals.

3. Military Personnel. Includes all U.S. military personnel on active duty, U.S. National Guard or Reserve personnel on active duty, and Military Service Academy cadets and midshipmen.

4. Self-Care. Includes acceptance of responsibility for maintaining personal health, and decisions concerning medical care that are appropriate for the individual to make.

5. Target Populations. Military personnel, retirees, their families, and civilian employees.

D. POLICY

It is DoD policy to:

1. Encourage military personnel, retirees, their families and civilian employees to live healthy lives through an integrated, coordinated and comprehensive health promotion program.

2. Foster an environment that enhances the development of healthful lifestyles and high unit performance.

3. Recognize the right of individuals working or visiting in DoD occupied buildings to an environment reasonably free of contaminants.

4. Disallow DoD Components' participation with manufacturers or distributors of alcohol or tobacco products in promotional programs, activities, or contests aimed-primarily at DoD personnel. This does not prevent accepting support from these manufacturers or distributors for worthwhile programs benefiting military personnel when no advertised cooperation between the Department of Defense and the manufacturer or distributor directly or indirectly identifying an alcohol or tobacco product with the program is required. Neither does it prevent the participation of military personnel in programs, activities, or contests approved by the manufacturers or distributors of such products when that participation is incidental to general public participation.

E. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) shall coordinate and monitor the DoD health promotion program in accordance with this Directive, executing this responsibility in cooperation with the Assistant Secretary of Defense (Force Management and Personnel) and the Assistant Secretary of Defense (Reserve Affairs). The Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)) shall:

a. Establish and chair the Health Promotion Coordinating Committee comprised of representatives of the Office of the Assistant Secretary of Defense (Force Management and Personnel) (OASD(FM&P)), Office of the Assistant Secretary of Defense (Acquisition and Logistics) (OASD(A&L)), the Office of the Assistant Secretary of Defense (Reserve Affairs) (OASD(RA)), each Military Service, and such other advisors as the OASD(HA) considers appropriate.

b. Facilitate exchanges of technical information and problem solving within and among Military Services and Defense Agencies.

c. Provide technical assistance, guidance and consultation.

d. Coordinate health data collection efforts to ensure standardization and facilitate joint studies across DoD components.

2. The Assistant Secretary of Defense (Force Management and Personnel) (ASD(FM&P)) shall, in collaboration with the ASD(HA), coordinate and monitor relevant aspects of the health promotion program.

a. These include:

(1) Use of tobacco products in DoD occupied facilities.

(2) Operation of health promotion and screening programs at the worksite and in Professional Military Education, DoD Dependents Schools, and Section 6 schools.

(3) Dietary regulation of DoD dining facilities, snack concessions, and vending machines.

(4) Reduction of stress in work setting.

b. The ASD(FM&P) also shall:

(1) Designate two representatives to the Health Promotion Coordinating Committee.

(2) Develop and implement a health promotion program for OSD civilian employees.

3. The Assistant Secretary of Defense (Reserve Affairs) (OASD(RA)) shall:

a. Coordinate and monitor relevant aspects of the health promotion program as it pertains to National Guard and Reserve Personnel.

b. Designate a representative to the Health Promotion Coordinating Committee.

4. The Secretaries of the Military Departments shall:

a. Develop a comprehensive health promotion program plan for their respective Service(s).

b. Establish and operate an integrated, coordinated and comprehensive health promotion program as prescribed by this Directive.

c. Designate from their respective Service(s) a health promotion coordinator who shall also serve as representative to the Health Promotion Coordinating Committee.

d. Evaluate the effectiveness of their respective health promotion program(s).

5. The Directors of Defense Agencies shall develop and implement health promotion plans and programs for their civilian employees in accordance with this Directive.

F. PROCEDURES

1. Each Military Service shall establish a health promotion program coordinator to serve as the focal point for all health promotion program issues and to integrate the activities of the medical and personnel departments.

2. A Health Promotion Coordinating Committee shall be established to enhance communication among the Military Services, recommend joint policy and program actions, review program implementation, and recommend methodologies and procedures for program evaluation. The Committee shall be chaired by the Assistant Secretary of Defense (Health Affairs) (ASD(HA)) or designee. Additional members shall include two representatives from the Office of the Assistant Secretary of Defense (Force Management and Personnel); one representative from the Office of the Assistant Secretary of Defense (Reserve Affairs); one representative from the office of the Assistant Secretary of Defense (Acquisition & Logistics); and the health promotion coordinator from each Military Service.

3. Each Component shall prepare a plan for the implementation of a comprehensive health promotion program that includes specific objectives (planned accomplishments) with measurable action steps. The plan shall address all of the program elements identified in the definition of health promotion for each group in the target populations. The plan shall consider workload, systems support, and training needs of individuals charged with responsibility at all organizational levels.

4. Health promotion plans and programs shall address smoking prevention and cessation, physical fitness, nutrition, stress management, alcohol and drug abuse, and early identification of hypertension.

a. Smoking prevention and cessation programs shall aim to create a social environment that supports abstinence and discourages use of tobacco products, create a healthy working environment, and provide smokers with encouragement and professional assistance in quitting. In addition to these aims, smoking prevention and cessation programs shall include the following elements.

(1) Smoking shall be permitted in buildings only to the extent that it does not endanger life or property, or risk impairing nonsmokers' health.

(2) The smoking of tobacco products within DoD occupied space shall be controlled in accordance with the following guidelines:

(a) Smoking shall be prohibited in auditoriums, conference rooms and classrooms. No Smoking signs shall be prominently displayed, and ashtrays shall not be permitted. Receptacles may be placed at entrances so that visitors may dispose of lighted smoking material when entering a nonsmoking area.

(b) Nonsmoking areas shall be designated and posted in all eating facilities in DoD occupied buildings. Smoking areas shall be permitted only if adequate space is available for nonsmoking patrons and ventilation is adequate to provide them a healthy environment.

(c) Elevators shall be designated as nonsmoking areas.

(d) Smoking shall be prohibited in official buses and vans.

(e) Within the confines of medical treatment facilities, smoking shall be restricted to private offices and specially designated areas. Smoking by patients shall be limited to specially designated areas, and health care providers shall not smoke in the presence of patients while performing their duties. Smoking is permitted in visitor waiting areas only where space and ventilation capacities permit division into smoking and nonsmoking sections.

(f) Smoking shall not be permitted in common work areas shared by smokers and nonsmokers unless adequate space is available for nonsmokers and ventilation is adequate to provide them a healthy environment. Where feasible, smoking preference should be considered when planning individual work stations so that smoking and nonsmoking areas may be established.

(g) When individual living quarters are not available and two or more individuals are assigned to one room, smoking and nonsmoking preferences shall be considered in the assignment of rooms.

(h) Smoking by students attending DoD Dependents Schools or Section 6 schools shall not be permitted on school grounds except as provided by policy regulations promulgated by the Director, DoDDS. Faculty and staff shall smoke only in specifically designated areas and shall not smoke in the presence of students.

(3) Installations shall assess the current resources, referral mechanisms, and need for additional smoking cessation programs. Occupational health clinics shall consider the feasibility of smoking cessation programs for civilian employees or, at a minimum, be able to refer employees to such programs. While smoking cessation should be encouraged, care shall be taken to avoid coercion or pressure on employees to enter smoking cessation programs against their will. Smoking prevention programs shall be made available in DoD Dependents Schools and Section 6 schools.

(4) Information on the health consequences of smoking shall be incorporated with the information on alcohol and drug abuse provided to military personnel at initial entry and at permanent change of station as specified in DoD Instruction 1010.5 (reference (b)). At initial entry, nonsmokers shall be encouraged to refrain from smoking. Smokers shall be encouraged to quit and be offered assistance in quitting.

(5) As part of routine physical and dental examinations and at other appropriate times, health care providers should be encouraged to inquire

about the patient's tobacco use, including use of smokeless tobacco products; to advise him or her of the risks associated with use, the health benefits of abstinence, and of where to obtain help to quit.

(6) Appropriate DoD health care providers should advise all pregnant smokers of the risks to the fetus.

(7) The Military Services shall conduct public education programs appropriate to various target audiences on the negative health consequences of smoking.

b. Physical fitness programs shall aim to encourage and assist all target populations to establish and maintain the physical stamina and cardio-respiratory endurance necessary for better health and a more productive lifestyle. In addition to the provisions of DoD Directive 1308.1 and Secretary of Defense Memorandum (references (c) and (d)), physical fitness programs shall include the following elements.

(1) Health professionals shall consider exercise programs conducive to improved health, and encourage appropriate use by patients. For military personnel, recommendations shall accord with military readiness requirements.

(2) Commanders and managers should assess the availability of fitness programs at or near work sites and should consider integrating fitness regimens into normal work routines for military personnel as operational commitments allow.

(3) The chain of command should encourage and support community activities that develop and promote fitness among all target populations. Activities should be designed to encourage the active participation of many people rather than competition among a highly motivated few.

c. Nutrition programs shall aim to encourage and assist all target populations to establish and maintain dietary habits contributing to good health, disease prevention, and weight control. Weight control involves both nutrition and exercise, and is addressed in part in reference (c). Nutrition programs include efforts not only to help individuals develop appropriate dietary habits, but also to modify the environment so that it encourages and supports appropriate habits. Additionally, nutrition programs shall include the following elements.

(1) Nutritional advice and assistance shall be provided by appropriate DoD health care professionals to military personnel, retirees, and family members.

(2) In military and civilian dining facilities, where feasible, calorie information and meals with reduced amounts of fat, salt, and calories shall be made readily available.

(3) Snack concessions and vending machines, when feasible, shall offer nutritious alternatives, such as fresh fruit, fruit juices, and whole grain products.

(4) Public information campaigns shall be conducted by the Military Services to alert all target populations about the relationship between diet and risk of chronic diseases.

d. Stress management programs shall aim to reduce environmental stressors and help target populations cope with stress. Additionally, stress management programs shall include the following elements.

(1) Commanders should develop leadership practices, work policies and procedures, and physical settings that promote productivity and health for military personnel and civilian employees.

(2) Health and fitness professionals are encouraged to advise target groups on scientifically supported stress management techniques.

(3) The topic of stress management should be considered for integration into the curricula at appropriate Professional Military Education programs and in the DoD Dependents Schools and Section 6 schools to familiarize students with scientifically supported concepts of stress management for day-to-day problems, life transitions, and life crises.

e. Alcohol and drug abuse prevention programs shall aim to prevent the misuse of alcohol and other drugs, eliminate the illegal use of such substances, and provide counseling or rehabilitation to abusers who desire assistance in accordance with the provisions of DoD Instruction 1010.5, DoD Directive 1010.4, and DoD Instruction 1010.6 (references (b), (e), and (f)). Additionally, alcohol and drug abuse prevention programs shall include the following elements.

(1) Appropriate DoD health care professionals shall advise all pregnant patients and patients contemplating pregnancy about the risks associated with the use of alcohol and other drugs during pregnancy.

(2) The Military Services shall "conduct" public education programs appropriate to various target audiences. Programs should include such topics as alcohol and drug use and pregnancy, driving while intoxicated, and adolescent alcohol and drug abuse.

f. Hypertension prevention programs shall aim to identify hypertension early, provide information regarding control and lifestyle factors, and provide treatment referral where indicated. Early identification of hypertension programs shall include the following elements.

(1) Hypertension screening shall be provided as part of all medical examinations and the annual dental examination for active duty service members. Screening shall also be provided to other beneficiaries, excluding those in the Children's Preventive Dentistry Program, at the time of their original request for care. Patients with abnormal screening results shall receive appropriate medical referrals.

(2) Each DoD medical facility should periodically offer mass hypertension screening to encourage beneficiaries to monitor their blood pressure regularly.

(3) Occupational health clinics shall make hypertension screening readily available to civilian employees, and shall encourage employees to use this service.

(4) Public information campaigns emphasizing the dangers of hypertension and the importance of periodic hypertension screening and dietary regulation shall be conducted. -

G. EFFECTIVE DATE AND IMPLEMENTATION

This Directive is effective immediately for the purpose of preparing implementing documents. Implementation shall commence by June 1, 1986. Forward two copies of implementing documents to the ASD(HA), the ASD(FM&P), and the ASD(RA) within 90 days.



William H. Taft, IV
Deputy Secretary of Defense